

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90041 023 ****61.25

DOCUMENT # 746905 1. Entity Name SEASHORE CLUB SOUTH MOTEL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 18975 COLLINS AVE MIAMI BCH, FL 33160			Mailing Address 18975 COLLINS AVE. NORTH MIAMI BEACH, FL 33160		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-1147736	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GANGUZZA, JOSEPH H 1 S.E. 3RD AVENUE SUITE 1820 MIAMI, FL 33131			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	NAVARRO, FRANCISCO		NAME	NAVARRO, FRANCISCO	
STREET ADDRESS	6620 SW 82ND AVENUE		STREET ADDRESS	6620 SW 82ND AVE.	
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GIL, NESTOR A		NAME		
STREET ADDRESS	12365 SEA BISCUIT COURT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CURBELO, TERESA		NAME		
STREET ADDRESS	8881 S.W. 85TH ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FELDMAN, ALINA		NAME		
STREET ADDRESS	13050 KEYSTONE TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33181		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	PARADA, WILSON		NAME	MARIA MENENDEZ APONTE	
STREET ADDRESS	1990 WEST 56TH ST.		STREET ADDRESS	1977 SW 137 COURT	
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	D	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	TURLOTTE, EDMUND		NAME	FRANK V. MCCARTHY	
STREET ADDRESS	18975 COLLINS AVE.		STREET ADDRESS	33 HIGHLAND AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL 33160		CITY-ST-ZIP	NAHANT, MA 01908	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Nector Gil</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/8/07 305 935 3418 Date Daytime Phone #		

40020334



02072007 Chg-NP CR2E037 (12/06)

4. FEI Number
52-1147736

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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MIAMI, FL 33131

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Due by May 1, 2007**

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Trust Fund Contribution. ☐

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #